

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

Prison Health Service
105 W. Park Drive
Brentwood,
TN 37027

COMPLETE THIS SECTION ON DELIVERYA. Received by (Please Print Clearly) Kelly R. 856206

B. Date of Delivery

C. Signature [Signature]☒ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes☒ No

If YES, enter delivery address below:

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7005 1820 0002 3461 5114

102595-00-M-0952

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Domestic Return Receipt